

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/21/03.

I. DISPUTE

- Whether there should be additional reimbursement for office visits with manipulation (99213-MP), functional capacity report (97750-FC) and work hardening (97545-WH, 97546-WH) provided from dates of service (DOS) 9/27/02 through 12/27/02.
- The respondent 'explanation of denials' (EOB's) for these treatment/services were 'C-Negotiated Contract Price,' 'F-Reduced According to Fee Guideline (using the 'F' but reimbursed some DOS as not CARF accredited),' and one DOS with 'V-Unnecessary Treatment (with peer review).'
- The respondent submitted an untimely response; therefore it will not be considered in this Finding and Decision per 133.307(e)(2).

II. FINDINGS

- The requestor, provider, is a CARF accredited facility.
- The requestor does not have any contract with any insurance company; therefore the denial of 'C' is not a valid denial. The DOS denied with the 'C,' will be reviewed as fee issues, per the 1996 Medical Fee Guideline.
- Only one date of service, 11/19/02, was denied with 'V.' The days prior and after 11/19/02, for the same treatment/services, was denied with 'F,' therefore TWCC's rationale is that the DOS 11/19/02 was incorrectly denied and will be reviewed as a fee issue, per the 1996 Medical Fee Guideline.
- Several DOS did not have any EOB's provided by either party; therefore the disputed DOS will be reviewed as fee issues, per the 1996 Medical Fee Guideline.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/27/02 10/9/02 11/19/02 11/26/02	99213-MP x 4 days	\$48.00 x 4	0.00	No EOB's	\$48.00	MFG-MGR (I)(B)(1)(b)	No reports/SOAP notes were submitted to support delivery of services, therefore, reimbursement cannot be recommended.
10/17/02	97750-FC	\$200.00	\$0.00	No EOB's	\$200.00	MFG-MGR (I)(E)(2)(a)	A summary report was not submitted for the FCE' to support delivery of service, therefore, reimbursement can not be recommended.
12/24/02	97750-FC	\$200.00	\$50.00	C	\$200		The respondent denied additional reimbursement per 'C,' yet no contract existed, therefore the remainder is due per the MFG. Additional reimbursement recommended in the amount of \$150.00.

10/30/02 11/1/02 11/7/02 11/12/02 11/14/02 11/15/02 11/18/02 11/20/02 11/26/02 11/27/02 12/2/02 12/5/02 12/6/02 12/9/02 12/10/02 12/11/02 12/17/02 12/18/02 12/20/02	97545-WH x 19 days	\$128.00 x 19	\$102.40 x 19	C / F	\$128.00 x 19	MFG-MGR (II)(C) (II)(E)	Requestor was CARF accredited during these DOS. Additional reimbursement due per MFG in the amount of: \$25.60 x 19= \$486.40
10/30/02 11/1/02 11/7/02 11/12/02 11/13/02 11/14/02 11/15/02 11/18/02 11/20/02 11/26/02 11/27/02 12/2/02 12/5/02 12/6/02 12/9/02 12/10/02 12/11/02 12/17/02 12/18/02 12/20/02	97546-WH (x 6 hrs) x 19 days	\$384.00 x 19	\$307.20 x 19	C / F	\$384.00 x 19	MFG-MGR (II)(C) (II)(E)	Requestor was CARF accredited during these DOS. Additional reimbursement due: \$76.80 x 19= \$1,459.20
11/26/02	97546-WH (x 4 hrs)	\$256.00	\$204.80	F	\$256.00 (4 hrs)	MFG-MGR (II)(C) (II)(E)	Requestor was CARF accredited during this DOS. Additional reimbursement due per MFG: \$51.20
10/31/02 11/4/02 11/6/02 11/8/02 11/13/02 12/3/02 12/12/02 12/13/02 12/16/02	97545-WH x 9 days	\$128.00 x 9	\$0.00	No EOB's	\$128.00 x 9	MFG-MGR (II)(C) (II)(E)	Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$128.00 x 9= \$1,152.00
10/31/02 11/4/02 11/6/02 12/3/02 12/12/02 12/13/02 12/16/02	97546-WH (x 6 hrs) x 7 days	\$384.00 x 7 days	\$0.00	No EOB's	\$384.00 x 7 days		Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$384.00 x 7= \$2,683.00
11/8/02 11/13/02	97546-WH (x 3 hrs) 97546-WH (x 6 hrs)	\$192.00 \$384.00	\$0.00 \$307.20	No EOB	\$192.00 \$384.00		Requestor was CARF accredited during this DOS. Additional reimbursement due per MFG in the amount of: \$192.00 \$76.80.

11/19/02	97545-WH 97546-WH (x 6 hrs)	\$128.00 \$384.00	\$0.00 \$0.00	V/ F	\$128.00 \$384.00		Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$128.00 \$384.00
11/25/02	97545-WH 97546-WH (x 6 hrs)	\$128.00 \$384.00	\$0.00 \$0.00	F	\$128.00 \$384.00		Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$128.00 \$384.00
11/29/02 12/4/02 12/26/02 12/27/02	97545-WH x 4 days 97546-WH (x 6 hrs) x 4 days	\$128.00 x 4 \$384.00 x 4	\$0.00 \$0.00	C	\$128.00 x 4 \$384.00 x 4		Requestor was not under contract with respondent. Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$128.00 x 4 = \$512.00 \$384.00 x 4 = \$1,536.00
12/24/02	97545-WH 97546-WH (x 4 hrs)	\$128.00 \$256.00	\$0.00 \$0.00	No EOB	\$128.00 \$256.00	MFG-MGR (II)(C) (II)(E)	Requestor was not under contract with respondent. Requestor was CARF accredited during these DOS. Relevant information received for review supports delivery of services, therefore, reimbursement due per MFG in the amount of: \$128.00 \$256.00
TOTAL		\$18,448.00	\$8,344.40				The requestor is entitled to reimbursement of \$9,711.60

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 97750-FC, 97545-WH and 97546-WH in amount of \$9,711.60. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$9,711.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 08th day of June 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor,
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